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WORKING TOGETHER TO IMPROVE THE CONTINUUM OF SERVICES TO CHILDREN AND FAMILIES

A Report to the 54th Legislature

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WORKING TOGETHER
TO IMPROVE THE CONTINUUM OF SERVICES TO
CHILDREN AND FAMILIES

A Report to the 54th Legislature
From the
Oversight Committee on Children and Families

Prepared by Andrea L. Merrill, Staff Researcher

Montana Legislative Council
State Capitol, Room 138
Helena, Montana 59620-1706

October 1994

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SUMMARY OF COMMITTEE RECOMMENDATIONS

The Joint Oversight Committee on Children and Families recommends that the 54th Legislature:

- adopt LC 33, making permanent the Joint Oversight Committee on Children and Families and adding the following study topics to the Committee's general oversight duties: services for teenage parents and their families; welfare reforms related to at-risk children and families; and improvements in adult protective services. For the 1995-96 interim, the Joint Oversight Committee on Children and Families is encouraged to continue to work closely with the Interagency Coordinating Council on State Prevention Programs on the next phases of creating a state prevention program delivery system.

- adopt LC 32, adding the Commissioner of Labor and Industry as a member of the Interagency Coordinating Council on State Prevention Programs, in recognition that various programs administered by the Department of Labor and Industry assist at-risk families with job training and economic independence and could be considered components of a state prevention program delivery system;

- using language to be included in the general appropriations legislation for the 1996-97 biennium, direct the Department of Family Services to continue collaborative efforts to develop a state plan and state policies for the permanent placement of children in the state's foster care system and to report on the plan and related policy changes to the 1997 Legislature. The plan is to center on locating the most appropriate permanent home and family for each child who has been in state foster care for more than 1 year.

- encourage continuation and successful outcomes of the following noteworthy state agency initiatives:

- the Department of Family Services family preservation and support programs;
- the Department of Family Services Partnership to Strengthen Families Project, which has demonstrated success in building community and family support networks;
- the collaboration among the Department of Family Services, the State Family Services Advisory Council, and the Regional Family Services Advisory Councils in strategic planning and in building community capacity to provide programs for children and families;
- the development of county interdisciplinary child information teams and adult protective service teams in each county;
- collaborative efforts by the Department of Health and Environmental Sciences and county health departments to provide home visiting programs and other early intervention programs, all of which foster healthy family development and quality maternal and child health care; and
- the Office of the Supreme Court Administrator's pilot project to improve foster care placement through a local citizen foster care review process.

The Joint Oversight Committee on Children and Families encourages all Executive Branch agencies and officials represented on the Interagency Coordinating Council for State Prevention Programs to continue the commitment and cooperation necessary to develop a state prevention program delivery system and to report to the 1995 Legislature on the feasibility of a unified prevention program budget to be presented to the 1997 Legislature.

> You don't have to be mean spirited to walk away from social problems. All it takes is the certainty that nothing can be done to solve them.
>
> William Raspberry, columnist

INTRODUCTION TO THE STUDY ISSUES

The 1993 Legislature accepted the recommendation by the 1991-92 Joint Interim Subcommittee on Children and Families (1991-92 Subcommittee) to establish a Joint Oversight Committee on Children and Families for the 1993-94 interim.[1] The mission of the Joint Oversight Committee on Children and Families was to monitor and promote the efficient and effective delivery of services for children and families in Montana. House Bill No. 19 set forth the following duties for the Joint Oversight Committee on Children and Families (Committee):

- to examine public and private programs, services, and planning for children and families for the purpose of identifying duplications, inefficiencies, and any unmet needs within those programs, services, and plans;
- to review federal, state, local, and private funds available to state and local jurisdictions for programs and services for children and families and to consider feasible methods of refinancing those resources to maximize overall funding for existing and new programs;
- to monitor implementation of any legislation that mandates interagency coordination of programs and services for children and families and to study further coordination and collaboration among public and private human services providers at all levels of government in Montana; and
- to monitor implementation of any pilot programs designed to provide early identification of and support for families that may be at risk of child abuse and neglect and at risk of out-of-home placement of their children.

These study charges mirror the directives to the 1991-92 Subcommittee and are echoed again in the draft legislation to reauthorize the Joint Oversight Committee on Children and Families for the 1995-96 interim. Because of a strong linkage to the tenets of the Montana Family Policy Act (Title 41, chapter 7, part 1, MCA), these overarching study directives will continue to guide any legislative commitment to children and families for a number of years.

The Montana Family Policy Act[2] was also a successful legislative proposal by the 1991-92 Subcommittee. The Act declares, among other intentions, that all

actions of agents of the state must be guided by policies that "support and preserve the family as the single most powerful influence for ensuring the healthy social development and mental and physical well-being of Montana's children". The current Committee has acknowledged the responsibility under this new state policy to work closely with others committed to strengthening families, expanding the promise of prevention programs, and promoting the health and well-being of all Montana families.

Another notable project of the 1991-92 Subcommittee was legislation[3] to create the Interagency Coordinating Council for State Prevention Programs (ICC). The current Committee was directed to monitor this type of interagency coordination, and the ICC was directed to work with any interim legislative committee with a mission similar to the ICC's. These intertwined duties necessitated a partnership approach on prevention issues, one that resulted in a joint prevention planning effort in May 1994 and other coordinated projects, as discussed in section 2 of this report.

In addition to the aforementioned oversight duties, the Committee chose to address the following unforeseen, but related, issues and agency initiatives during the interim: the rights of parents and children within the Department of Family Services (DFS) child abuse and neglect investigation process; the DFS permanency planning and foster care system; current child-care issues; and a pilot project to enhance the foster care placement review process.

At the Committee's first meeting in October 1993, Hank Hudson, Director of the DFS, solicited Committee interest in the following five initiatives that the agency intended to focus on over the next 4 years: (1) moving the resources of the DFS toward family preservation and prevention activities (later termed the Partnership to Strengthen Families Project); (2) responding to the overreliance on residential treatment and inpatient hospitalization for emotionally disturbed children (later termed Managing Resources Montana); (3) finding suitable permanent homes for children in the DFS foster care system; (4) implementing the Child and Adult Protective Services System information

system, which will be able to track clients and services; and (5) reforming the youth corrections system.

In addition to the aforementioned spectrum of issues, Senate Joint Resolution No. 2, passed in the November 1993 Special Session, requested the Committee to address state policies on protecting the elderly and other adults from abuse and neglect.

The 1991-92 Subcommittee introduced the Legislature to the wealth of national and state research and interest in reforming state human services delivery systems, especially for the benefit of at-risk families. These policy reforms stress a shift from crisis-oriented actions to early intervention and prevention programs, from out-of-home placement of children to in-home treatment of family dysfunction, and from punitive to curative measures for families in crises. Across the nation, experiences with more family-oriented policies have been showing benefits not only to at-risk children and their families but to the communities and states as a whole, at a fraction of the public cost over the long term. As background reading in this area, the Committee recommends Strengthening Services for Children and Families in Montana, the final report of the 1991-92 Subcommittee, which included: the history of the development of the DFS and its various programs; a bibliography of national and state reports on improving human services delivery systems; and an introductory look at the continuum of services for children and families in Montana, a version of which is included in Appendix A of this report.[4] The Committee invites further exploration of children and family issues by including in Appendix F of this report a bibliography of relevant reports available in the Montana Legislative Council Library.

1994 was designated by the United Nations as the International Year of the Family.

KEY STUDY ISSUES: BACKGROUND INFORMATION, RELATED INTERIM ACTION, AND COMMITTEE DELIBERATIONS AND RECOMMENDATIONS

This portion of the report is designed to merge the overarching study directives and issues with the major program areas under consideration by the Committee; to provide background information on each program area; to report on related interim actions by state agencies or other organizations; and to document Committee deliberations and final recommendations. This outline includes the following topics: state and community interagency collaboration on services for children and families; state and community prevention programs; reforms in permanency planning for children in DFS foster care; family preservation and support programs; child protective services; early intervention programs for maternal and child health; child-care issues; children's mental health services; youth justice issues; and adult protective services.

1. Overall Interagency Collaboration on Services for Children and Families

The title of this final report highlights the Committee's main study focus on the many state initiatives and pilot projects that require working together to improve the continuum of services for Montana's children and families. The collaborative spirit, past and present, has been the vehicle that has driven the systemic reforms for foster care, permanency planning, services to emotionally disturbed children, state and community prevention programs, family preservation services, maternal and child health care offerings, adult protective services, and a host of other state services discussed in this report. Although "collaboration" may have become the national mantra for renewing governmental functions at all levels, we are reminded that it is a means, not the end, for treating the real issues of citizens in need. Throughout the study process, a number of respected authorities have suggested that Montana may be ahead of the collaboration curve with the many projects discussed in this report.[5]

> We are at the point in this country where doing what's right is coinciding with what we have to do to save our national skins.
>
> Marian Wright Edelman, Children's Defense Fund

A staff report, entitled Advisory Councils, Placement Teams, and Interagency Collaboration: Mechanisms for the Execution of Family Policies in Montana, provided background information for the study directive regarding examination of ways to improve coordination and collaboration among public and private human services providers at all levels of government.[6] Statutory means of coordinating services in Montana include foster care review committees, interdisciplinary teams for children with multiagency needs, county interdisciplinary child information teams, and various youth and child placement teams, to name a few.

The Committee and others expressed concern that the required memberships and duties appear to intertwine, perhaps in a confusing manner for those who may be required to initiate or participate in the various mechanisms. Also, some of the most promising, new mechanisms, such as adult protective service teams and county interdisciplinary child information teams, require considerable time and local leadership to become established. While it was suggested that some of the types of local interdisciplinary teams appear to be obsolete or duplicative, agency and local spokespersons expressed the hope that none would be redesigned while the concept of collaboration is being further cultivated through the work of the DFS Partnership to Strengthen Families Project (Partnership Project) and the more viable state and local interdisciplinary mechanisms.

1.1. County Interdisciplinary Child Information Teams

The Committee concentrated attention on the county interdisciplinary child information teams (child information teams) because two of the most successful examples of this type of local collaboration mechanism exist in Gallatin and Yellowstone Counties, homes to a majority of the Committee

members. The child information teams were a 1991 legislative creation[7] to facilitate communitywide sharing of both general and treatment-specific information on abused, neglected, dependent, or delinquent children or youth who are in need of supervision. The legislation was promoted as a means of broadening the scope of the DFS child protective teams (41-3-108, MCA) and youth placement committees (41-5-525, MCA), both longstanding, mandated means of deciding appropriate placements and treatment plans for individual children in the custody of DFS or under referral from the Youth Court system.

Under the provisions of 52-2-211, MCA, the following persons and agencies operating within a county may, by written agreement, form a child information team: the DFS; the Youth Court; the County Attorney; the County Superintendent of Schools; the Sheriff or a Chief of Police; and the superintendents of public school districts. The persons and agencies signing the required written agreement may by majority vote allow the following persons to join the child information team: physicians, psychologists, psychiatrists, nurses, and other providers of medical and mental health care; entities operating private elementary and secondary schools; attorneys; or a person or entity that has or may have a legitimate interest in one or more children that the child information team will serve.

Gallatin County organized its child information team to include the duties of the local DFS child protective team in order to eliminate duplication of professional time, services, and resources.[8] The Yellowstone County child information team was organized to concentrate on effective early intervention and crisis intervention programs and has a strong emphasis on coordination with local schools, especially regarding student truancy.[9] Both county models highlight the need for the following: a formal organizational structure and a team coordinator; formal operational agreements regarding referral, information sharing, and confidentiality; and agreed-upon guiding principles. Because the child information teams are not mandatory, it is not known how many of the counties have activated this mechanism.

Committee Deliberations: At the June 24, 1994, meeting, the Committee recommended amending 52-2-211, MCA, to expand the membership of a child information team to include a person who represents an organization that promotes the interests of parents in the community. Although it appears that the primary members of a child information team are already permitted to include a parent representative, several Committee members supported compulsory membership for parental interests. A draft bill (LC 31) was prepared for the Committee and discussed at the August 12, 1994, meeting. During the discussion, spokespersons from various child information teams suggested that any parent representation should be limited to persons who were clearly associated with placement or treatment services for children, such as foster care parents, group home parents, and parent support groups.[10] The Lewis and Clark County child information team, in existence for 7 years, has issued an open invitation to various parent organizations, but none has chosen to participate. The Committee did not achieve consensus to recommend the draft legislation.

1.2. State and Regional Family Services Advisory Councils

The DFS has demonstrated a commitment to use the State Family Services Advisory Council and Regional Family Services Advisory Councils to assist with strategic planning and to build local capacity to govern the community-based models for prevention and family support programs funding. One of these programs, the Partnership Project, is discussed later in this report.

Through a recent memorandum of understanding, the DFS and the Billings Area Bureau of Indian Affairs (BIA) have instituted a DFS/BIA Indian Advisory Council, consisting of one tribal member from each of the federally recognized Indian tribes in Montana, two members from Indian urban organizations, two providers of services to Indian children, a DFS staff member, and a representative from the BIA.[11] The DFS/BIA Indian Advisory Council will function as a forum for coordinating and assessing existing programming and areas of joint funding and for recommending alternative programming.

The presiding officer of each Regional Family Services Advisory Council is a member of the State Family Services Advisory Council. As required under the provisions of 52-1-202, MCA, the Governor may also appoint as members the presiding officers of any legislative committees that consider youth and family issues. Committee members Senator Dorothy Eck and Senator Tom Keating have served on the State Council for a number of years. Representative Beverly Barnhart is the vice presiding officer of the Southwest Regional Family Services Advisory Council. As members of the various councils, these Committee members participated in a 2-day strategic planning session on the DFS mission and programs in May 1994.[12]

Committee Recommendations: At the June 24, 1994, meeting, the Committee recommended that the DFS, the State Family Services Advisory Council, and the Regional Family Services Advisory Councils be formally complimented on the strategic planning process for designing the agency's objectives for the current and next biennium and on their successes at strengthening each community's continuum of services to children and families.

1.3. Permanent Joint Oversight Committee on Children and Families

Operation of the Committee, on a permanent basis, will continue the cooperative efforts of legislative policymakers, the Executive Branch, and human services providers. A general discussion of the duties and capacity of oversight committees is appropriate in this context and may bolster the contention that the Committee has a strong, collaborative role to play in state human services policymaking. The State and Local Government Political Dictionary defines "legislative oversight" as "monitoring of the executive branch to see that it carries out its legislative mandates".[13] The Eagleton Institute of Politics suggests that oversight studies have the potential to improve the performance of government in general and can also strengthen the Legislature as an institution.[14] A legislative oversight committee can be an unobtrusive, collegial means of inquiring into and enhancing administrative policies and plans between legislative sessions. Concerned members of the public and agencies

can request an oversight committee to follow up on complaints and problems and investigate potential policy or practice changes to address an issue. An oversight committee can be instructed to monitor agency initiatives or pilot projects, as this Committee has done, and to contribute to the beneficial results of an initiative. The legislation authorizing the current Committee envisioned the aforementioned oversight functions and, based on the successful interactions of the past two interims, the proposal contained in LC 33 suggests a continuation of this mission.

Committee Recommendations: While the 1991-92 Subcommittee intended to establish a permanent oversight committee, House Bill No. 19 inadvertently contained a termination date of June 30, 1995. For that reason, a new piece of legislation is now required to continue the Committee on a permanent basis. The Committee discussed the value of having the membership of any reauthorized committee appointed from the various legislative standing committees that address human services issues. There was consensus at the August 12, 1994, meeting to require that some of the membership of the interim committee be appointed from the House Appropriations Subcommittee on Human Services and Aging and the Senate Finance and Claims Subcommittee on Human Services and Aging. The draft legislation, LC 33, is contained in Appendix C.

The Committee suggested that the following study topics be added to the oversight duties and ongoing study directives:

- study the issues surrounding teenage parents and their families, including problems related to employment, education, parenting skills, and public assistance;
- monitor implementation of state and national welfare reforms related to at-risk families, child care, teenage parents, and other human services concerns; and
- continue to study issues related to adult protective services.

2. State and Community Prevention Programs

As part of its duty to monitor implementation of any legislation requiring interagency coordination of programs and services for children and families, the Committee focused attention on the ICC's activation and its legislative mandate to develop a state prevention program delivery system (2-15-225, MCA). Because the Committee was encouraged by the work of the previous interim and by various interested persons, it intends to continue its own concentration on the prevention program end of the continuum of services for children and families. The staff report, Inventory of State Prevention Programs: A Work in Progress, in Appendix B is based on various published and unpublished inventories of state prevention programs. To guide the selection of programs to be included in the Inventory, staff used the following definition of "prevention", as adopted by the ICC at its January 1994 meeting, for use in developing its own version of a prevention program inventory:

> Prevention is the proactive process of creating and sustaining conditions that address risks and promote the safety, personal responsibility, and well-being of people.

As background for the topic of prevention programs, the Committee was exposed to a number of recent reports that compare the well-being of children in Montana to the rest of the nation.[15] Montana may be "The Last Best Place" for many attributes of a quality lifestyle, but in terms of preventing many unfortunate outcomes for children and families, Montana doesn't have any better track record than a lot of other places. For some of the comparative indicators of child and family well-being, such as those listed below, we may even appear to be "One of the Worst Places". By concentrating state attention on preventing, or at least abating, certain social problems, Montana may someday be able to boast of the best human conditions in addition to outstanding scenery and recreational opportunities.

SELECTED INDICATORS OF CHILD WELL-BEING IN MONTANA
FROM 1994 KIDS COUNT DATA BOOK

☞ In 1991, Montana had the fourth highest graduation rate in the nation (down from second in 1989) but continues a long trend of being in the bottom half of the nation for teens, aged 16 to 19, who are not in school and not in the workforce.

☞ From 1985 to 1991, the percentage of births to unmarried Montana teens increased by 47%.

☞ Only 30.2% of mother-based families in Montana receive child support or alimony.

☞ In 1991, 20.7% of Montana children lived in poverty, approximately the same percentage as for the preceding 5 years.

☞ In 1991, 21.3% of Montana's children lived in single-parent families, representing a 37% increase in the previous 5 years.

☞ Although Montana is not experiencing the dramatic increase in juvenile violent crime arrest rate that is occurring in most states, the Montana rate grew 14% from 1989 to 1991.

Since poverty is one of the most indicative risk factors for abuse and neglect, it was not surprising that Montana, which had the second highest rate of increase in poverty during the 1980s, ranked second highest nationally for increased reports of child mistreatment in 1992.[16] According to a 1993 report of the Native American Family Empowerment Project, out-of-home placements are particularly high for Native Americans, who compose 6% of the state's population but represent 25% of out-of-home placements in the DFS system.[17] The Montana Indian Health Service reports that 38% of Native American families are at high risk of child abuse and neglect compared to 20% of Caucasian families. Montana reservations also experience higher rates of unemployment, family poverty, and substance abuse than non-Native American populations.

Research shows that the incidence of child abuse and neglect and other social problems can be slowed through a variety of high-quality public and private programs that help at-risk families help themselves--programs to teach

parenting skills and anger management, home visiting programs that address child and maternal health and well-being, and school-based services that link families to needed services, just to name of few.[18] By acknowledging the overlapping risk factors within families, prevention research underscores the need for a comprehensive and coordinated approach to the multiple needs of at-risk families. These programs are a bargain, considering the costly "rotten outcomes", such as failure to learn or to stay at school, teenage pregnancy, drug abuse, and poor adult capability to hold a job and to care for one's own children.

Committee Deliberations: At the March 18, 1994, meeting, in Bozeman, the Committee learned how the local prevention program providers mentioned below meet the challenge of offering various prevention messages to their communities.

Bozeman Prevent Child Abuse, Inc., offers the following family support and education programs:

♥ a Parent's Day in collaboration with the Gallatin County Health Department;

♥ supporting teenage mothers by matching each one with experienced older mothers for support and friendship; and

♥ addressing the needs of any elementary school child with school-related problems through a collaboration between the Child Advocacy Project and the Bozeman Public Schools. Volunteers have worked with over 500 children to assist with social and academic skills development and to provide adult role modeling that may not be otherwise available to a child. The Bozeman Public Schools support one-third of the annual budget for this project.

Billings Council for Prevention of Child Abuse provides a variety of family supports:

♥ The Family Tree prevention education program centers around a coordinator who trains teachers and counselors on prevention issues and who teaches children about personal safety.

♥ The Second Step Program teaches children empathy, social skills, impulse control, and anger management.

♥ The Community Caring Project has around 30 volunteers who help new parents learn about child development and strengthen coping and communication skills.

♥ The Parent Share Program is a parent support group that teaches parenting skills and positive attitudes toward child rearing, along with an opportunity for parents to share common interests and concerns. Parents who may be at risk of abuse and neglect are referred from agencies, such as the county health department, the DFS, and the schools. Child care is provided at the meetings.

♥ The Helping Moms Group offers all mothers an opportunity to share parenting issues and challenges.

♥ Getting in Step is a support group for stepfamilies.

2.1. State-Level Interagency Coordination on Prevention Programs

One of the study directives required the Committee to monitor implementation of any legislation that mandated interagency coordination of programs and services for children and families and to study ways to improve coordination and collaboration among public and private human services providers at all levels of government in Montana. Although not specifically mentioned, it was the intention of the 1991-92 Subcommittee that the current Committee track and assist the successful implementation of Senate Bill No. 34, creating the ICC.[19] The 1991-92 Subcommittee was encouraged by the Montana prevention community to sponsor this legislation, based on the successes of other states in employing similar mechanisms to improve service delivery. Across the nation, experience is showing that mandated interagency policy groups can facilitate significant and lasting change in the delivery of prevention programs and their long-term benefits to the children and families of a state.[20]

The statutorily assigned membership of the ICC includes: the Directors of the Departments of Family Services, Health and Environmental Sciences, Corrections and Human Services, and Social and Rehabilitation Services; the Attorney General; the State Superintendent of Public Instruction; the Administrator of the Montana Board of Crime Control; the presiding officer of the Montana Children's Trust Fund Board; and two persons appointed by the

Governor who have experiences related to the private or nonprofit provision of prevention programs and services. The ICC is attached for administrative purposes to the Governor's Office, which may assist in providing staff and budgetary, administrative, and clerical services.

The ICC duties include the following:

- developing through interagency planning a comprehensive and coordinated prevention program delivery system that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities;
- developing appropriate interagency prevention programs and services that address the problems of at-risk children and families;
- studying various financing options for prevention programs and services;
- ensuring that a balanced and comprehensive range of prevention services is available to children and families with specific or multiagency needs;
- assisting in the development of cooperative partnerships between state agencies and community-based public and private providers of prevention programs; and
- cooperating with and reporting to any standing committee or interim committee that is assigned to study the policies and funding for prevention programs.

Committee Deliberations: On October 29, 1993, both the ICC and the Committee held their first meetings. Each group heard from three nationally recognized experts on how to improve the effectiveness and delivery of state prevention programs. The National Center for Substance Abuse Prevention funded the presentations by Manny Brandt, consultant with Circle Inc., McClean, Virginia; Jerry McCord, Director of the Department of Alcohol and Drug Abuse Services in South Carolina; and Leon Povey, prevention consultant from Utah. The consultants shared the following observations and advice:

- It is essential to understand that the problems of child abuse and substance abuse are often interconnected and that the prevention message must also be interconnected when dispensing prevention education messages to the community, the media, and the schools.

- Montana may be ahead of the curve in that the ICC and the Committee already exist as strong collaborative structures.

- Montana seems to have a strong sense of how important it is to combine treatment and prevention, and while it is important that policymakers and citizens believe that prevention works, they shouldn't expect results too soon. Prevention is a long-term policy investment.

- Prevention is an ongoing process, and accountability and evaluation must be built into any statewide prevention plan.

Since the fall 1993 meetings of the ICC and the Committee, both entities and their staffs communicated formally and informally; shared meeting minutes, reports, and conference planning; invited each other's official representatives to report at scheduled meetings; and worked jointly at the ICC planning forum on May 11 and 12, 1994, to plan the best ways to deliver the prevention message and prevention benefits to Montana citizens. See related interim activities below.

Related Interim Activity: To prepare for a successful launching of the ICC, the Montana Prevention Caucus, a partnership of approximately 22 private and public sector agencies, and an ad hoc liaison committee offered to provide the ICC members and the Governor with background information and a stakeholder's survey to verify expectations for the work of the ICC. At its January 1994 meeting, the ICC adopted a policy to allow a designee to attend an ICC meeting instead of a statutorily assigned member. Although Committee members expressed concern about ICC member involvement, it appears from the minutes of ICC meetings that official members and their designees were in attendance at most meetings. At the ICC's fall 1993 meeting, Hank Hudson, Director of the DFS, was elected presiding officer. Work was begun on an inventory of state prevention-related programs. The inventory was issued in draft form in February 1994 and again in May 1994.[21]

As noted previously, at the January meeting of the ICC, the members adopted the following definition of "prevention":

> Prevention is the proactive process of creating and sustaining conditions that address risks and promote the safety, personal responsibility, and well-being of people.

On May 11 and 12, 1994, the ICC members hosted a planning forum at the Colonial Inn, Helena, Montana. Along with six members of the Committee, nearly 50 community and tribal prevention program providers and other interested parties began "reinventing" the state's prevention services for children and families. The following "guiding principles" were developed by consensus to guide the prevention planning process.

PRINCIPLES OF A STATEWIDE PREVENTION SYSTEM

- Each Montanan has the right to a healthy and safe environment.
- Prevention programs should be family-focused and designed to strengthen, support, and empower the family unit.
- Coordinated, comprehensive social services will be provided to at-risk Montana children and families from prebirth to death.
- Prevention programs, services, and funding mechanisms will spring from partnerships between state agencies and local communities.
- All prevention programs will honor cultural diversity.
- Montana communities will be encouraged to generate, design, and participate in their own prevention programs.
- Input from social service recipients will be solicited during development of prevention programs.
- Prevention strategies and programs funded by the ICC member agencies will be held accountable to produce reasonable results and positive outcomes for children and families.

The consensus-building activities of the planning forum culminated in an ICC action plan for the next 6 months and in various long-range goals. The draft planning document was circulated to participants for further refinement. The

September 23, 1994, draft version of the planning document includes the following ICC goals and strategies:[22]

- develop a coordinated, comprehensive system of prevention services, including: defining ICC roles and responsibilities; creating mechanisms for information sharing; investigating the addition of other appropriate members; and researching effective prevention programs;
- create a regional system for prevention planning and service delivery;
- establish a centralized Prevention Resource Center to promote the concept of prevention and to provide training, research, and evaluation;
- build public support for the concept of prevention;
- develop a public education campaign that underscores the benefits and value of prevention programs;
- work with the 1995 Legislature to provide permanent funding for ICC prevention programs;
- research mechanisms for prevention funding, including the development of a single state prevention budget; and
- strive to create policies and programs that are culturally sensitive.

Following the May planning forum, the ICC formed the Executive Subcommittee to develop a comprehensive interagency prevention plan for agency staff and policymakers, to finalize a state agency inventory of services, and to provide public information on ICC activities. The Resource Subcommittee is researching the best practices for delivering services in a rural state and is studying the feasibility of a prevention resource center, which could be a clearinghouse for research and technical assistance to communities. The Finance Subcommittee is preparing a plan to demonstrate how pooled or "braided" prevention funding might be used by communities. The Legislative Subcommittee, co-chaired by Attorney General Joe Mazurek and Superintendent of Public Instruction Nancy Keenan, will prepare a public awareness campaign and a prevention agenda for the 1995 legislative session.

Committee Recommendations: The Committee encourages all Executive Branch agencies and officials represented on the ICC to continue the commitment and cooperation necessary for developing a state prevention program delivery system. If a Joint Oversight Committee on Children and Families is reauthorized for the 1995-96 interim, that Committee is encouraged to continue to work closely with the ICC on the next phases of improving the state prevention program delivery system.

2.2. Adding the Commissioner of Labor and Industry to the ICC

The Department of Labor and Industry (DOL) currently pools funding and resources with other state agencies and various public school districts on a number of programs that serve the needs of youth in Montana. A portion of the federal Job Training Partnership Act funds is directed toward teen parent employment programs that take into consideration the total well-being of teenage parents and their families. Other youth employment programs under the DOL's purview, such as Jobs for Montana's Graduates, contribute to the prevention of any number of the possible "rotten outcomes" for Montana's youth. The ICC has extended an invitation to the Commissioner of Labor and Industry to join the ICC on an informal basis until enabling legislation is passed and approved.

Committee Recommendations: At the June 24, 1994, meeting, the Committee recommended adding the Commissioner of Labor and Industry to the ICC. See Appendix D for the draft legislation, LC 32.

2.3. Coordinated Prevention Budget for the 1997 Legislature

Currently, most of the prevention-related programs of each ICC agency are federally funded, and any pooling of these categorical sources may present a fiscal challenge.* See the inventory in Appendix B for a summary of state

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* In fiscal year 1993-94, Montana received nearly $29 million in federal funding aimed at prevention programs for children and families.

prevention programs. The ICC supports the pooling or braiding of yet-to-be determined prevention funds and resources in each agency to avoid duplicating services. In the ICC Master Document (to be adopted October 25, 1994), the ICC committed to the development of a long-term funding plan for a prevention system, with the ultimate goal of delivering a single state prevention budget to state policymakers.[23] First steps toward that purpose include determining all sources of prevention funding, investigating federal waivers and ways of maximizing federal dollars, prioritizing the types of programs whose funding could be pooled, and designing demonstration projects.

The introduced version of the legislation creating the ICC would have required the ICC to prepare a coordinated biennial budget document on the funding of prevention programs for use by the Governor and the Legislature in the budget and appropriation processes. While it may have been premature to require a concrete presentation in the first year of operation of the ICC, the Committee discussed the value of a coordinated prevention budget for legislative decisionmaking in the 1997 session.

Committee Recommendations: At the August 12, 1994, meeting, the Committee recommended that the agencies represented on the ICC report to the 1995 Legislature in some manner on the feasibility of a unified prevention budget that could be considered by the 1997 Legislature.

3. Reforms in Permanency Planning for Children in DFS Foster Care and in the Foster Care Review Process

The Montana foster care placement rate has increased steadily in each of the past 9 years.[24] For fiscal year 1994, an average of 1,038 children were placed in the state's foster care system at an average annual cost of $4,197 per child for regular foster care.*[25] The average annual cost of a child

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* Nationally, the average cost for each child in foster care is from $8,000 to $12,000 per year and the average cost for a youth adjudicated to the juvenile justice system is from $40,000 to $100,000.

referred from the juvenile justice system is higher, at $4,917. The average annual cost of a child in regular foster care has grown by an average of 2.1% in each of the past 5 fiscal years. For the same 5-year period, the DFS caseload has increased by 15.3%, or 138 more foster care placements. The average cost of a subsidized adoption in 1994 was $3,000, much less than a foster care placement.

3.1. Study of Permanency Planning for Children in DFS Foster Care

Under the study directive to examine public and private programs for children and families to ascertain any inefficiencies or unmet needs within those programs, the Committee followed the progress the Families for Kids study of foster care reforms. This study was funded by the W.K. Kellogg Foundation under a grant to the Montana Post Adoption Center, with the DFS as a full partner in the project's activities. The purpose of the project has been to study ways to ensure that all children in DFS custody will have a lifelong family connection, either by a safe and productive return to their birth family or, if that is not possible, by finding them a permanent home.

One aspect of the Families for Kids study has been to identify and to target permanency for children who have been in continuous out-of-home placement for 2 years or longer.[26] Using the DFS foster care payment system, over 500 children in this situation have been identified. A survey is being conducted to gather information on a case plan for a permanent home for each child in the target population. The available data shows that 25% of the children in the target population are Indian, with an additional 5% from other minority groups. Seventy percent of the target population are placed in relative or nonrelative foster care, 20% are placed in residential treatment facilities, and the remaining are in different levels of care. The BIA is conducting a similar case survey on target populations under the BIA's financial responsibility.

The Families for Kids planning process has culminated in seeking further Kellogg Foundation funding for training, policy development, and other services to

realize the goal of permanency planning for the targeted children. In the first week of August 1994, the DFS applied to the Kellogg Foundation for the second round of funding and included in the application a record of the Committee's interest in this project.

Committee Recommendations: At the Committee's June 24, 1994, meeting, members voted to recommend that the following language be prepared for inclusion in the general appropriations bill for the 1996-97 biennium:

> The department [of family services] is directed to develop a state plan and state policy for permanency placement for the state's child welfare system and to report on the plan and related policy changes to the 1997 legislature. The plan is to include the following: a permanency plan that includes locating a permanent home for any child who has been in foster care for more than 1 year; the identification of priorities in placement alternatives; the status of the various strategies for improvement and of the action plan to implement remaining strategies; interim findings and lessons learned; and steps taken to sustain systemic change.

3.2. Local Foster Care Review Pilot Project

As part of examining the efficacy of family-related policies, the Committee followed the progress of a pilot project passed during the 1993 regular session to test the feasibility of replacing the current foster care review committees with local citizen foster care review boards that would examine the case of each child assigned to foster care through the Youth Court of each judicial district.[27] The traditional foster care review committees, provided for in 41-3-1115, MCA, are appointed by the Youth Court Judge in each judicial district, in consultation with the DFS, and must include the following: representatives of the DFS, the Youth Court, and the local school district; someone knowledgeable in the needs of children in foster care placements who is not employed by the DFS or the Youth Court; if the child whose care is under review is an Indian, someone, preferably an Indian person, knowledgeable about

Indian cultural and family matters; and if there is one, the foster parent of the child whose care is under review. The pilot legislation was modeled after the foster care review systems in Oregon and Arizona and was prompted by interested citizens who believed that replacing agency members with nongovernmental citizen volunteers could result in more child-centered placements.

An appropriation of $75,000 in state general funds and some federal funding* allowed the Office of the Supreme Court Administrator to dedicate staff time and resources to studying similar programs in other states, soliciting pilot program sites, developing rules, and performing other implementation duties.[28] A questionnaire sent to each Montana District Court Judge in order to determine interest in the local citizen review board pilot program revealed varied responses. Some judges believe that the present system of reviewing foster care placement works just fine; others see a need for the suggested change in foster care review procedures. In May 1994, a statutory planning committee selected sites for the pilot program, based on the judges' responses to the questionnaires. Sites were selected and prioritized in the following order: first, the Fourth Judicial District (Missoula); second, the Second Judicial District (Butte); third, the Eighteenth Judicial District (Bozeman); fourth, the First Judicial District (Helena); and fifth, the Eighth Judicial District (Great Falls). Pilot programs will be initiated in as many of these judicial districts as time and funds permit.

Because the Montana statutes creating the pilot program are patterned after Oregon statutes, the Supreme Court staff met with staff from that state both in Helena and in Portland, Oregon, witnessed several citizen review board meetings, and participated in the training given to volunteers. The pilot project has also established contact with the Montana Post Adoption Center's Families

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* Another source of funding for this pilot project emerged with the federal Omnibus Budget Reconciliation Act of 1993, which established a new grant program for state court improvement to help courts focus on their role in proceedings relating to foster care and adoption and to improve their handling of those proceedings.

for Kids study of foster care and permanency placement and has coordinated with the DFS when appropriate.

In August 1994, the Youth Court Judges and Supreme Court staff began recruiting and selecting local citizen review board volunteers in the hope that the required training could begin and that the first foster care reviews could be conducted in September 1994. Each Youth Court of a judicial district with a pilot project is required to report to the Governor, the Legislature, and the public on the success of the venture.

4. Family Preservation and Support Programs for At-Risk Families

> Strengthening American families is not a matter of mere intellectual interest to a handful of public policy buffs. The family is the principal mechanism by which our values, culture, knowledge, and aspirations are conveyed through generations. The future of the nation can be told by the condition of families today. If our families are in trouble, our future is in peril.[29]

Many of the gravest social problems in Montana and the nation are rooted in damaged families. The best predictors of "rotten outcomes" for those families show up early, but as Lisbeth Schorr, author of Within Our Reach: Breaking the Cycle of Disadvantage, reminds us, risk factors are not destiny, and life trajectories can be changed.[30] The state and each community have roles in identifying common risk factors and in providing the assistance and social structures to help the individual and the family find the resiliency to mitigate those factors. When society values children and the quality of family life, the families and their individual members can be encouraged to make the necessary commitment to change harmful behaviors and to create a more supportive environment within the home.

Committee work in this area addressed the expectations of two study directives: tracking any pilot programs designed to provide early identification of and support for families that may be at risk of child abuse or out-of-home placement of their children and considering feasible ways to maximize available

(but scarce) funding sources. The 1991-92 Subcommittee encouraged the early efforts of the DFS to develop programs that would preserve the family unit while protecting the best interests of children. Evidence of the DFS commitment to this philosophy appears in the agency mission statement:

> The mission of DFS is to protect children and adults by supporting family and community strengths.

4.1. The DFS Partnership Project

The 1993 Legislature indicated its support for the goal expressed in the DFS mission statement by including in the 1993 general appropriations bill the authority for the DFS to attempt to refinance state general fund services through parental contributions and increased charges against federal funding sources.[31] These "recaptured" funds were directed to the development of family support services for children referred for abuse and neglect, children at risk of abuse, or children at risk of out-of-home placement or placement in a juvenile corrections facility. The DFS is required to report to the 54th Legislature on the number and types of services created, the number of families served, and the effectiveness of the services delivered.

With an estimated $1 million from refinancing for the fiscal year beginning July 1, 1994, the DFS began the Partnership Project as the umbrella initiative for DFS prevention and family preservation efforts.[32] The Partnership Project identified two categories of at-risk families at which to direct its efforts: high-risk families with children ages 0 to 3 years old and families who have recently been referred to the DFS but whose children are not at imminent risk of removal from their home. The Partnership Project has targeted a limited number of communities for its initial funding cycle. Funding initially has been awarded to communities in each of the five DFS planning regions, based on population. Regional administrators, working with the Regional Family Services Advisory Councils, selected communities that the DFS considers to have the most need and the greatest opportunity for success. These communities were chosen on

the following criteria: evidence of identified high-risk factors, such as unemployment, single-parent status, poverty, births to teenage mothers, parents' history of abuse or neglect, low-birthweight babies, family substance abuse problems, social isolation, family mental health problems, families with special-needs children, and absence of infant/parenting bonding; ability of the community to make an immediate impact on the target population--in other words, any existing community resources available to expand, enhance, or initiate new services specific to the targeted populations; and availability of a multiagency coalition in the community with some history of successful, cooperative, multidisciplinary efforts.

The first Partnership Project communities to begin work under a DFS-approved proposal for services include: Lincoln County; Yellowstone County; a tricounty region encompassing Powell, Granite, and Deer Lodge Counties; a multicounty region in eastern Montana that includes Custer, Dawson, Richland, and Valley Counties; and a multisite region embracing Hill and Blaine Counties and the Fort Belknap and Rocky Boy's Reservations.[33] To receive funds, the Partnership Project sites have undertaken the following activities: a community needs assessment process, including community planning meetings; local focus groups, which include at-risk families and local agency staff; a review of the Kids Count data for each specific community; and development of specific programs that will fill gaps identified through the community needs assessment process. Planning efforts are also underway in Helena and northern Jefferson County, Bozeman, Butte, and Missoula.

An evaluation contractor is currently assisting the local Partnership Project teams in developing an evaluation method for tracking Partnership Project outcomes. The evaluation results will be used to fine-tune existing Partnership Project programs and to assist in the expansion of Partnership Project efforts to additional communities as resources permit. The Partnership Project has collaborated with state and local teams for Managing Resources Montana, which is discussed in section 8 of this report.

4.2. Federal Family Preservation and Support Services

To bolster the Partnership Project and other DFS programs, approximately $2 million in federal Family Preservation and Support Services Program funding is available to Montana over the next 5 years.[34] The money must be spent for the following activities: early support services to prevent abuse and neglect; more intensive services for families who are at risk of losing a child from the home; improving the quality of foster care and availability of adoption for children who cannot be protected at home; enhancement in service delivery through help for overloaded courts; improved interagency staff training; helping communities build workable networks; and extra funding for Indian initiatives. To access the money, the state must agree to use the funds as a catalyst for establishing a coordinated, integrated continuum of care that is culturally relevant and family-focused and to coordinate with other federal programs and state functions in the areas of health services, juvenile justice, housing, mental health, and education.

The state's human services agencies and providers are welcoming this type of long-term, less cyclical, community-based funding for family support and prevention efforts. The DFS recognized the complementary nature of the new funding to the goals and outcomes of the Partnership Project and allocated a portion of the federal fiscal year 1994 planning dollars to support the research and planning of that initiative. To ensure that the new funding will be put to the best use for children and families in the various regions of the state, the Regional Family Services Advisory Councils will solicit community input and evaluate how to mesh the goals of the federal legislation with all other ongoing and related state projects, including but not limited to: Managing Resources Montana, Families for Kids, and the Partnership Project. Five of the tribal governments in Montana will receive funding under a separate mission of the new federal program; however, tribal and state planning efforts will be coordinated through the new DFS/BIA Indian Advisory Council.

4.3. Existing Family Preservation Programs

Nationally and in Montana, family preservation services are proving to be one of the most successful family-related reforms in recent times.[35] The Committee did not devote the same high level of attention to Montana's relatively new family preservation programs as did the 1991-92 Subcommittee. However, as part of the indepth look at family support and preservation programs in Bozeman, Livingston, and the Billings area at the March 18, 1994, meeting, the Committee learned the current status of family preservation projects offered through Youth Dynamics in Billings, Bozeman, and eight other sites around the state.[36] The intent of the projects is to maintain the family unit in the home setting so that options for help are not reduced to out-of-home treatment or placement. In Billings, 32 families were provided services in their home environment. Out of those families, only five children were eventually removed from their homes and placed in other treatment settings. In total, there were 88 children in families who were impacted by services provided through Youth Dynamics. In the Bozeman/Livingston area, 34 families were served, with only 2 children, out of 98 children, needing out-of-home placement as a final resort. The 10 statewide providers of family preservation services each work with an average of 20 families a year under the grants from the DFS. The average cost for family-based services for 30 to 90 days is $3,000 a family.

While Montana family preservation program staff have been careful to monitor the safety of children who might otherwise have been removed from the home, there have been some unfortunate situations across the nation. There is a camp of social service researchers and providers who are expressing concern that some states' family preservation programs may be placing children in harm's way by leaving them with families who may be too far gone to benefit from in-home services.[37]

Committee Recommendations: At the June 24, 1994, meeting, the Committee considered the various reports on family support and preservation programs presented since the first meeting and voted to encourage the continuation and

successful outcomes of the DFS family preservation and family support programs, which were designed to keep families together while protecting children and to improve the well-being of children and families in Montana.

At the September 16, 1994, meeting, the Committee recommended to the DFS and spokespersons for the Partnership Project that each community Partnership

Project use the designation "Partnership Project" as part of the locally selected project name in order for the public and the Legislature to be able to clearly identify the work and successes of the Partnership Project in each community.

4.4. School-Based Parent Resource Centers

At the June 24, 1994, meeting, the Committee heard a report on the school-based parent resource centers in three elementary school buildings of the Great Falls School District.[38] The federal Chapter 1 Program, the largest federally funded program for education, supplied the funding for the project.* That legislation requires parent involvement as part of its mission to provide services to children with socioeconomic disadvantages and is based on research that indicates that the single most important factor influencing a child's success with learning is the child's socioeconomic background.[39] As an area with schools that have a high ratio of low-income families, the Great Falls School District has been the recipient of Chapter 1 funds for approximately 30 years. The money is received from the federal government through the Montana Office of Public Instruction.**

In the Great Falls School District, as in most school districts, Chapter 1 is directed to remedial programs to improve reading and math skills for disadvantaged youth. The Great Falls Chapter 1 Program also has a home visitation program for children in kindergarten through the second grade. The

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* Until 1981, this federal funding source was known as the "Title I Program". As of October 1, 1994, the program is again named the "Title I Program".

** Montana received $23 million in federal Chapter 1 funding in school fiscal year 1995.

purpose of the program is not only to involve parents in school activities with their children but also to provide the skills and encouragement to be involved with learning activities in the home. The Chapter 1 Program also provides parent involvement aides who visit the home and provide learning materials for families so that parents can help their children learn better in school settings.

5. Child Protective Services

The Montana Kids Count Data Book 1994 examines each county in the state, using 13 standard indicators of child health and well-being.[40] The Data Book reveals an unacceptable rate of child abuse and neglect, especially in some rural areas where successful prevention and home visiting programs are not readily available. In Montana, the rate of child abuse and neglect investigations resulting from allegations increased from 7,328 cases in 1985 to 14,252 cases in 1993.[41] While the DFS caseloads have increased, the level of staff and placement funding has not grown at the same rate.

Committee Deliberations: At the first meeting on October 29, 1993, a number of parents asked the Committee to investigate the DFS policies and procedures with regard to out-of-home placement of children as a result of substantiated child abuse. The parents, as members of a group entitled Families for Families, expressed strong concerns about the degree of due process during DFS investigations of abuse and neglect and about the apparent roadblocks to having children returned to their parents. The Committee voted to include in the study plan a review of the statutory framework and legal procedures that are used in connection with the child removal process in cases of abuse or neglect. A subsequent staff report provided information on the historical development of the state protective services policy; the legal framework applicable to the provision of protective services, such as due process and confidentiality considerations; and the applicability of the 1993 Montana Family Policy Act and whether the protective services laws correlate with the goals of the Act.[42] The report included the procedural flow chart for the DFS investigations of abuse in Appendix E.

The report concluded that Montana appears to have child protection laws that appropriately protect children and the concomitant parental rights that align with acceptable national and judicial standards. However, the individual and agency decisions in each investigation, substantiation, and resolution of an alleged case of child abuse or neglect are complex, often subjective, and warrant extreme vigilence to avoid individual or agency misjudgments.

Related Activity: In August 1994, the DFS invited the Child Welfare League of America (CWLA) to Montana to determine the following: whether any DFS policy would put a child at risk; how to achieve a higher level of excellence with regard to child and adult protective policies; and whether there are ways of improving the implementation of family preservation and support programs and other recent initiatives.

The preliminary CWLA report to the DFS was presented to the Committee at the September 16, 1994, meeting. The CWLA was favorably impressed with the following DFS policies and practices: the well-defined goals and priorities of the DFS; utilization of a strategic planning process with the Regional Family Services Advisory Councils; the strong set of laws governing the activities included in the Montana Family Policy Act; the clear DFS commitment to the family-centered casework practice, including such related community-based services as the Partnership Project; a mature and experienced senior management team and field staff; the positive support from the Committee; and the DFS commitment to building greater public awareness of its work.

Despite the positive aspects of the review, the CWLA also expressed the following concerns: Montana has many more children in foster care per capita than other states; the DFS is removing more children from families than may be necessary and may be placing more children than necessary in out-of-state facilities; the DFS does not have sufficient, reliable, and up-to-date data available upon which to base budgets and staffing; and the DFS caseloads are high when compared to national standards. Also, the CWLA found that DFS services have a profound effect on children and families and that it is imperative

that high-quality work is performed in each case. The CWLA concluded that there appear to be insufficient training opportunities for the DFS staff and the staff of related systems, including the courts, prosecutors, health providers, and schools. Finally, the CWLA was alarmed that the prosecution rate for child sexual abuse cases is as low in Montana as it is in many other states. The DFS may seek assistance from the CWLA for further alignment with "best practices" research.

6. Early Intervention Programs for Maternal and Child Health

> The test of a nation is how it cares for children in the dawn of life.
>
> National Commission to Prevent Infant Mortality[43]

The Montana Kid's Count Data Book 1994 indicated that the Montana infant mortality rate was lower than the national average and lower than neighboring states. The good news might be attributed to the successes of the various maternal and child health programs within the Department of Health and Environmental Sciences (DHES). In recent years, the DHES has placed a high priority on expanding The Montana Initiative for the Abatement of Mortality in Infants (MIAMI) Act and Follow Me Projects and encouraging local health department interactions with at-risk mothers and children through home visitations and other prenatal and postnatal health services. In 35 counties in Montana, when an infant is born, the county health department provides some type of home visitation program. A number of counties are piloting services under the DHES Children's Special Health Services Follow Me Project, with the requirement that the county health department must presently be making home visits. For DHES prevention program descriptions, see Appendix B.

Related Activities: In September 1993, the DHES Follow Me Project was able to showcase local maternal and child health services during the first federal program review of maternal and child health in Montana since 1980. The comprehensive 5-day review involved about 400 people, including 2 days of visits to local health departments, hospitals, Indian health facilities, schools,

and other agencies. The federal recommendations were to expand the MIAMI and Follow Me Projects to all counties in the state as soon as possible.

Committee Deliberations: The 1991-92 Subcommittee concluded an extensive investigation of successful early family intervention programs that not only promote maternal and child health but also mitigate a number of other family risks, such as child abuse and neglect. The 1991-92 Subcommittee received first-hand information from one of the founders of the Hawaii Healthy Start Program, the most successful early intervention initiative in the nation, and recommended funding a similar pilot program developed by the Healthy Families Montana Task Force.[44] To pursue the issue of early intervention and to review unmet needs in that area, the Committee heard reports on the maternal and child health programs outlined on pages 5 and 6 of Appendix B. The main message from the DHES was that DHES services are coordinated with many other family-centered services available through state and local agencies, public-private partnerships, voluntary services, and nonprofit organizations.

Committee Recommendations: At the June 24, 1994, meeting, the Committee considered the various presentations on maternal and child health programs and voted to encourage the continuation and successful outcomes of these initiatives to improve the health and well-being of children and families in Montana.

6.1. Special Needs of Teenage Parents and Their Families

The Montana Kids Count Data Book 1994 points out what other research has also revealed--that the children of families with young, single parents are especially vulnerable to an array of immediate and long-term problems. The number of teen pregnancies in Montana has begun to increase after what appeared to be a reversal during the 1980s.[45] While Montana may be below the national average in the percentage of births to single teens, Montana is the highest among neighboring states in the rate of increase in teen pregnancies. In 1992, the percentage of births to teenagers is 11.9% of all births statewide.

Regardless of race, teens living in poverty and with low educational achievement were 5 to 7 times as likely to become parents as teenagers in general.[46] Nationally, only half of those who have a child before the age of 17 will graduate from high school and are 3 times as likely to remain unmarried.

Committee Deliberations: At the March 18, 1994, meeting, the Committee learned how teen parent projects in Bozeman and Livingston/Park County are utilizing various state and federal funding sources to meet the multiple needs of teen parents. The Park County Teen Parent Program, begun in 1992, was organized through the Bozeman/Livingston Human Resource Development Council (HRDC), a private, nonprofit, community-based organization operating in Gallatin, Park, and Meagher Counties, and through other state agencies that felt it necessary to target this specific population. In 1993-94, the Park County program served 13 teen parents between 16 and 19 years of age who are receiving Aid to Families With Dependent Children (AFDC) and who also need a high school diploma or graduation equivalency diploma (GED). The funding for the Teen Parent Program was combined from sources available to the Department of Social and Rehabilitation Services (SRS), the DOL, and the Office of Public Instruction and from Job Training Partnership Act funding. As part of the coordinated effort, the Park County Job Opportunities and Basic Skills Program (JOBS Program) provided some of the wrap-around services, including extensive case management of each teen family involved, babysitting children during a parent's job interviews, crisis intervention, and suicide prevention. With the flexibility that can be built into a variety of funding sources, a number of crucial support services can help ensure successful outcomes--supports like transportation to school or training, child-care assistance, and rental assistance. A program similar to the Park County Teen Parent Program is also funded in Flathead County.

In the 1993-94 school year, the Bozeman Young Parents Program worked with 14 young parents who received services through the Bozeman School District's Alternative Program and the Bozeman/Livingston HRDC. The participating young parents received onsite child care, life skills, and nutrition classes in

addition to earning their GEDs. Some of the wrap-around services that were available within the HRDC Teen Parent Programs included: the county welfare department; the DFS; Child Care Connections, a child-care referral source; the Women, Infants, and Children (WIC) Program, through the county health department; mental health services, if necessary for counseling and stress management; the local Job Service for job placement and job development; the Bridger Clinic, for family planning and health issues; Crazy Mountain Kids Club, for parenting classes; adult basic education, for GED and other education courses; federal Section 8 housing programs and rental assistance; and housing weatherization programs.

> All of the people working in the Park County Teen Parent Program are making it possible for me to have a future.
>
> Amanda, age 17
> Livingston, Montana

Committee Recommendations: At the June 24, 1994, meeting, the Committee recommended continuation and expansion of successful prenatal and postnatal health care and other prevention programs to high-risk, low-income mothers and children, including teenage mothers. In recognition of the scarcity of programs for teenage parents in Montana, the Committee recommended that the next Joint Oversight Committee on Children and Families study the issues of teenage parents in greater depth. See Appendix C for the draft legislation, LC 33.

7. Child-Care Issues

As part of the study obligations to follow family-related collaborative projects and to review duplications and unmet needs for children and families, the Committee responded to requests to consider early childhood and child-care issues. A number of national longitudinal studies reveal what advocates of quality early childhood programs have been saying for years--that quality preschool programs and the federally funded Head Start Programs are powerful

and relatively inexpensive means of impacting at-risk children and reducing their need, down the line, for other social services.[47]

In terms of state dollars dedicated to child-care program creation and regulation, Montana ranked near the lowest in the nation during the 1980s.[48] For instance, until a commitment by the 1993 Legislature to increase the DFS day-care licensing staff, the DFS was able to inspect only 20% of the registered child-care facilities, even though day-care enrollment had nearly doubled from 1987 to 1992.[49]

Despite the absence of a strong state financial commitment to child-care programs, Montana has become a role model for its use of available federal funding to create the Child Care Resource and Referral Network (Network).[50] The Network consists of 12 community-based, nonprofit agencies working collaboratively with the DFS and the Early Childhood Project at Montana State University to recruit, train, sustain, and support the many self-employed child-care providers in the state. The Network manages the certification of state and federal child-care assistance programs by helping to register parents who are eligible for those programs, by helping eligible parents select quality care, by providing recruitment and training for child-care workers, and by promoting child-care issues generally. The services of the Network can be considered "one-stop shopping" for child care in that it coordinates transitional child care for those parents who are going off welfare and into the workplace and coordinates "self-initiated" child care for those parents who have selected a job training plan but need help with child care. The primary funding sources for the Network include federal Child Care and Development Block Grant (Block Grant) funds, private foundations, and local community support.

The Block Grant Program is due to be reauthorized in 1995; therefore, the child-care community encouraged legislative support in ensuring that the program be kept as it was intended--for low-income, working families. Approximately 75% of the Block Grant funds provide subsidies, on a sliding fee scale, to help

working parents of over 600 children each month with child-care needs.* In many states in which Block Grant funding is directed only to families on AFDC, experience is showing that families are not taking full advantage of this child-care assistance to leave the welfare system.[51] There is the concern that if Montana's Block Grant funding is directed away from the working poor, many families may find that they need to turn to AFDC to survive.

The DFS provided information on the Montana Automated Child Care System, a joint collaboration between the DFS and the SRS to provide an automatic payment system for child-care providers who serve the families needing state-assisted child-care funding.[52] The new computer system merges the payment system for the following state-assisted child-care programs: the DFS Block Grant sliding fee program, discussed above; the DFS child protective services child-care program; the SRS transitional program for families at risk of going on welfare; the SRS JOBS Program, including the tribal JOBS Program; and the SRS self-initiated child-care program.[53] The Montana Automated Child Care System will help agencies collect data, determine client eligibility, and compile case information for the various programs and will manage information required for federal reports.

Reforms in the state and national welfare systems may require that, after 2 years of assistance, certain welfare recipients must find work, engage in job training, or perform community service. As part of the state welfare reform package, the DFS and the SRS have planned for future needs related to welfare reform to ensure that adequate child care is available if parents are required to go into job training or into a job upon termination of benefits.[54]

Committee Deliberations: At the August 16, 1994, meeting, the Committee was asked to revisit the issue of the state's commitment to paying state-assisted child-care providers at the federally mandated rate, which is payment at the 75th percentile of the latest Montana market rate survey. The state

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* Montana received $2.9 million in Child Care and Development Block Grant funds in fiscal year 1993.

currently pays at a rate that was determined by a market rate survey conducted in 1990. In 1994, the SRS contracted with the Early Childhood Project to do the federal survey required every 2 years to determine the statewide market rate for child care. If a state that administers federal Title IV-A funded child-care

programs (JOBS, self-initiated child care, transitional child care, and at-risk child care) doesn't pay providers at 75% of the market rate, there is a potential of losing the federal funding. Montana is not the only state that is not paying child-care providers at the 75th percentile; although the risk is there, federal funds have not been withheld in those instances. For the fiscal year 1996-97 budget cycle, the SRS is planning to increase payments to child-care providers up to the 71st percentile of the latest market rate.[55] At the September 16, 1994, meeting, the Committee discussed this issue but made no recommendations.

8. Children's Mental Health Services

As part of the study assignment to track collaborative projects intended to improve human services delivery in Montana, the Committee followed the implementation of a legislatively required restructuring of services for severely emotionally disturbed (SED) children. House Bill No. 2, the general appropriations bill of the 1993 regular session, required the Department of Corrections and Human Services (DCHS) and five other human services agencies to develop community-based alternatives to inpatient psychiatric care and to reduce the number of residential care placements.

To meet this challenge, Managing Resources Montana (MRM) was established on July 1, 1993, by interagency agreement between the Office of Public Instruction, the Montana Board of Crime Control, the DCHS, the DFS, the SRS, and the DHES, with the DCHS and its Mental Health Division as the lead agency. Over the past year, a state team and five regional teams collaborated on the development of programs for SED children. The interagency effort was to maximize the use of 22 different sources of state, private, and federal

funding, including waivers to the federal Medicaid Program. Services may include case management services, day treatment, respite care, emergency services, and crisis intervention and stabilization services. Programs are to include a managed care system, when allowable, to control entry into and exit from in-state and out-of-state residential facilities and to control the types and duration of services and reimbursement rates.

MRM represents a significant departure from typical program delivery systems in place in Montana. The regional community Mental Health Centers operate the MRM Program in each region under contract with the DCHS. Each regional MRM team includes: representatives from the Mental Health Centers, the DFS, public schools, and Youth Courts; parents or parent advocates; a mental health service provider; and others. Each regional team has developed a regional plan for the delivery of services and the oversight of operations.

The MRM state team authorized an evaluation of the first year of operation of the MRM Program to determine the level of implementation and to gain a sense of the effectiveness of the program. The evaluation contains a region-by-region description of programs and concerns from a variety of perspectives, along with 21 general recommendations.[56]

While 1,456 children were provided services through MRM in fiscal year 1994, approximately 160 applications for services were denied for various reasons. As a result of the first year of community-based services through MRM, fiscal year 1994 expenditures for inpatient psychiatric care and residential treatment are projected to be $11 million, compared to $20 million for fiscal year 1993.[57]

NUMBER OF YOUTH CLIENTS SERVED IN MRM REGIONS IN FY 1994	
Region I, Miles City	134
Region II, Great Falls	429
Region III, Billings	250
Region IV, Helena	371
Region V, Missoula	272
TOTAL	1,456

9. Youth Justice Issues

One of the good-news stories from the Montana Kids Count Data Book 1994 shows that 95% of Montana's youth are never involved with the state's juvenile justice system. Although the rest of the nation has experienced dramatic increases in youth crime and violence, Montana witnessed only a 6% increase in such behavior from 1990 to 1992.

Although the Committee did not focus attention in this area this interim, there was testimony on a variety of youth justice issues within the context of child information teams and prevention issues. The Committee also learned that the Youth Justice Council, under the Montana Board of Crime Control, is considering a review and analysis of the Montana Youth Court Act and its current effectiveness. The Youth Court Act is now 20 years old and has been amended 60 times by the Legislature. It has been the subject of litigation at the Supreme Court level on 30 occasions and is the subject of 12 Attorney General's opinions. At the time of publication of this report, the Youth Justice Council is still contemplating a request for a legislative study in the next interim to review the Youth Court Act and to report to the 1997 Legislature.

10. Adult Protective Services

Senate Joint Resolution No. 2 of the November 1993 Special Session requested that the Committee examine the adult protective services provided through the DFS. The resolution stated that ". . . reported inefficiencies in the handling of

adult protective services have generally called into question the humane treatment of Montana's elderly and the adequacy and appropriateness of government services provided to the elderly". The sponsor of the legislation and several citizens were concerned about the specific DFS response to and treatment of a case of alleged elder abuse in Lewistown, Montana.

As requested by the Committee following the November 1993 Special Session, a staff report explored in detail the adult protective services and other programs provided to Montana's elderly, including the adequacy of adult protective services, the statutory laws pertaining to adult protective services, and privacy and confidentiality considerations.[58] Many of the services provided to Montana's elderly, including various social services, are coordinated through the DFS Office of Aging (Aging Services Unit). Currently, the DFS contracts with 11 area agencies on aging to provide client access to in-home services and community services. The report considered whether state services to the elderly are consistent with the intent of the Montana Family Policy Act, which requires that persons be served as much as possible in the home setting, emphasizing community services rather than more costly institutional services.

The report highlighted the legal distinctions between child and adult protective services in the scope of what the state may legally provide. For example, for the elderly, the DFS may provide voluntary protective services, or if a person is incapacitated, emergency protective services may be provided. The primary difference between child and adult protective services is that the state, because of its compelling interest, may intervene in a family situation when necessary to protect a child. However, in the case of a competent adult, the Montana Constitution provides the right of privacy; therefore, intervention is not allowed if the adult does not desire it or specifically declines assistance.

Because family records contain some of the most sensitive and private information that the government can maintain about its citizens, the DFS information-sharing system must harmonize its approaches and requirements with the assurance that families are not subjected to unwarranted invasions of

their privacy. The question then becomes, "To what extent and under what conditions may the state intrude into an individual's personal life decisions?" Emergency services can be provided only when the decision is made as to whether an adult is considered "capacitated" or "incapacitated". This decision is made by the District Court. However, an incapacitated person for whom a guardian has been appointed is not presumed to be incompetent and retains all legal and civil rights, except those that have been expressly limited by court order or that have been specifically granted to the guardian by the court.

The report outlined a number of improvements in adult protective services to address the concerns of the study resolution. Committee staff sought responses from the staff of the DFS Adult Protective Services Unit regarding the following suggestions:[59]

- Without threatening confidentiality, the DFS should respond in writing to persons who report incidents of suspected abuse, acknowledging receipt of the report, assuring the reporter that the DFS is evaluating the report and will take any actions found to be appropriate, setting out legal measures that can be taken if abuse is substantiated, and perhaps thanking the reporter for the concern and for taking the time to help address the problem of elder abuse in the community. The DFS responded that it is investigating the protocol necessary to make such limited information available in cases of elder abuse. At present, such notification is dispensed to the various service providers that may be involved with a particular elderly person or a developmentally disabled person who may be determined to be a victim of abuse or neglect.

- Whenever guardianship is proposed as an option for an incapacitated adult, the appointed guardian should be given information that clearly outlines the ward's rights and the guardian's powers and duties. This would alleviate as much as possible any misconceptions regarding the guardianship process and would ensure the best level of care for the ward. The Office on Aging reported that it has available a recently updated informational booklet on the guardianship process and the guardian's responsibilities.

- Under current law (72-5-321(2)(e), MCA), a guardian is required to report annually on the condition of the ward and the estate subject to the guardian's control, but the District Court does not always follow up on the requirement. In the context of the life of an elderly person, much can happen during a year's time that could have a direct effect on the guardian relationship. The Legislature could amend current law to require reporting on a more frequent basis, such as biannually or quarterly, so that a court could more closely monitor the guardianship. Section 72-5-321(3), MCA, could be amended to institute an automatic penalty for failure to file the report. The present system provides for the possibility of a contempt of court charge if the guardian fails to follow a court order to provide the report, but only after the failure to file comes to the attention of the Clerk of Court. The response from the DFS staff was that if a decision is made to increase reporting requirements, a penalty for failure to report must be included lest such a policy change simply result in more paperwork without any legal enforcement to back it up.

- Presently, a person may be admitted to the Montana Center for the Aged (operated by the DCHS) "on a voluntary basis by self or a legally appointed guardian" (20.14.106, Administrative Rules of Montana). The rule could be amended to allow for temporary emergency admission, based on an evaluation by the DFS that finds that the elder is incapacitated and in need of emergency services to avoid abuse or neglect. The period of admission should be limited to the time necessary to evaluate any alleged abuse or neglect or until the permission of the guardian is procured for regular admission. The DFS staff suggested that a long-term Medicaid evaluator, rather than the DFS field staff, might be the more appropriate entity to determine the need for emergency admissions.

- The Legislature could enhance penalties for persons who commit crimes against the elderly. The DFS believes that the current penalties are adequate but that the heavy workloads of County Attorneys and the criminal justice system often interfere with expeditious investigation of all but the most extreme allegations of elder abuse.

• Although there has been a 50% increase in referrals of abuse and neglect of the elderly since 1990, the cases have been investigated by the same number of DFS adult protective services workers as when the Department was created. Demographics show that the problems of the elderly, and the state costs associated with those problems, will only continue to grow for the foreseeable future. If the state intends to continue providing an adequate level of services for the elderly, the Legislature will be required to address ever-spiraling funding increases to ensure a sufficient level of both social and protective services. The DFS will need to find creative ways to use state and federal sources to provide both institutional and in-home services and protection from abuse. Because an increased burden on the services system is inevitable, a concurrent increase in staff efficiency is desirable. Additional field training, including training in the areas of investigations, basic legal and court procedures, privacy and confidentiality concerns, and the complexities of family problems, could enhance the ability of staff to more accurately discern substantiated cases of elder abuse and to deal with those cases in a more timely manner. One source of good news is that the federal Administration on Aging has recently provided funding for staff training. In October 1994, intensive 6-day training sessions will be offered to inform field staff specifically on the issues addressed in the Committee report.

As part of the discussion of ways to improve services delivery in this area, the Committee considered improving the oversight of local elder abuse cases by adding a public member to the adult protective service team that is mandated for each county (52-3-805, MCA). Legislation in 1985 permitted a County Attorney or the DFS to convene an adult protective service team to coordinate services for any older person or developmentally disabled person who is a victim of abuse, sexual abuse, neglect, or exploitation.[60] In 1993, adult protective service teams were made mandatory, and membership was expanded, when appropriate, to include a person who is a provider of developmental disabilities services.[61] The supervisor of adult protective services of the DFS or a designee serves as the adult protective service team coordinator. Members must include a social worker, a member of a local law

enforcement agency, a representative of the medical profession, and a County Attorney or the County Attorney's designee, who is an attorney. Members may include other appropriate persons designated by the County Attorney or the DFS. While current law does not appear to preclude a citizen member of an adult protective service team, it is not common practice to include such a person on the team.

Although Montana was the first state to legislate adult protective service teams, the teams have been slow to develop, especially in the more rural counties. According to the DFS staff, 22 of the mainly urban counties have adult protective service teams at the present time. In many counties, there may be limited DFS staff or a part-time County Attorney whose opportunity for organizing and training an adult protective service team may take second place to more pressing duties. While the DFS staff expressed a commitment to assisting the establishment of adult protective service teams in the remaining counties, the staff acknowledged that the success of the teams depends more on local leadership and dedication. When properly functioning, the local adult protective service team can also educate the community on elder abuse issues and encourage reporting of suspected abuse.

Committee Deliberations: At the May 11, 1994, meeting, the Committee held a public hearing at which several citizens of Lewistown, Montana, shared their frustrations with the DFS responses to an alleged case of abuse and neglect that resulted in the death of a local elderly person.[62] At the August 12, 1994, meeting, the Committee voted to request that the next interim study committee continue an inquiry into adult protective services. At the September 16, 1994, meeting, the Committee considered, but rejected, a motion to add a citizen member to the adult protective service team in each county.

SUMMARY AND ACKNOWLEDGMENTS

This report has attempted to document the work of the Committee in the 10 most prominent issues areas brought forth during the study process. However,

at each Committee meeting, Committee members and interested persons introduced and discussed additional concerns related to the services for children and families that are not summarized within this report. Limiting the scope of this report is not to make light of the considerable range of interest and involvement in programs and policies that impact children and families in Montana. Rather, the volume of topics that the Committee could address indicates that there is benefit to a permanent oversight committee that can contribute to such a significant area of state policymaking. As the ancient proverb suggests, "It takes a whole village to raise a child", and it may take the whole continuum of governmental entities and the citizenry to raise all the children in our state.

The Committee wishes to thank the many dedicated advocates for children and family interests who encouraged and contributed to the work of this study.

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APPENDIX A

CONTINUUM OF STATE SERVICES FOR CHILDREN AND FAMILIES

Identified problem

Child removed from home

Severity of problems exceeds scope of available intervention services

Prevention Services

Contracts with nonprofits for prevention services, such as:
- Mont. Council for Families
- Big Brothers/Sisters

Children's Trust Fund Grants for local child abuse prevention
Drug-Free Schools
Maternal/Child Health Information
HIV/STD Education
Immunization
Youth Activity Grants
4-H Youth Programs

In-Home, Family-Based Intervention Services

Child Protective Services
Family Support:
- Early Risk Identification
- Family/Individ. Therapy
- Respite Care
- Parent Aides
- Parenting Skills

Family Preservation Programs
Follow-Me/Baby Your Baby
Home Visits for Maternal/Child Health

Out-of-Home Community Services

Family Foster Care
Group Home Care
Shelter Care
Therapeutic Foster Care
Therapeutic Group Care
DD/ED Group Home
Independent Living
Permanency Planning
Adoption Services
Youth Evaluation Program
Drug/Alcohol Treatment
Domestic Violence Centers

Residential Treatment

Youth Corrections
Residential Treatment
- In-State
- Out-of-State

Pine Hills
Mountain View
Aftercare Services
Transition Centers

Least Costly	→	Most Costly
High Risk Groups	→	Specific Individuals
Voluntary	→	Involuntary
Unrestricted Environment	→	Secure Environment

← Potential for successful outcomes

Appendix A

APPENDIX B

INVENTORY OF STATE PREVENTION PROGRAMS: A WORK IN PROGRESS

Prepared from Various Published and Unpublished

State Agency Sources

by Andrea Merrill, Committee Staff

Joint Oversight Committee on Children and Families

August 1994

Published by

Montana Legislative Council

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
DFS CHILD CARE FOR AT-RISK FAMILIES	FEDERAL TITLE IV-A $1,154,460	LOW-INCOME FAMILIES AT RISK OF WELFARE DEPENDENCY	REIMBURSE CHILD CARE ON SLIDING SCALE
DFS--CHILD-CARE AND DEVELOPMENT BLOCK GRANT	FEDERAL $3,008,347	FAMILIES BELOW 75% STATE MEDIAN INCOME	* ASSURE CHILD CARE * BEFORE/AFTER SCHOOL * PROGRAM IMPROVEMENT
DFS CHILD WELFARE SERVICES	FED.TITLE IV-B PART II $133,293	FAMILIES AND CHILDREN IN NEED OF CHILD WELFARE SERVICES	EXPAND AND STRENGTHEN FAMILY PRESERVATION & SUPPORT
DFS CHILD ABUSE AND NEGLECT GRANT	FED. TITLE IV-B PARTS I & II $120,542	ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES	PREVENT AND TREAT CHILD ABUSE
DFS--DISCRETIONARY CHILD ABUSE AND NEGLECT FUNDS	FEDERAL $34,903	* ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES * GENERAL PUBLIC	IMPROVE NATIONAL, STATE, COMMUNITY PREVENTION PROGRAMS
DFS FAMILY VIOLENCE PREVENTION AND SERVICES	FEDERAL $200,000 MARRIAGE FEES, FINES	* VICTIMS OF FAMILY VIOLENCE * GENERAL PUBLIC	* PREVENT FAMILY VIOLENCE * IMMEDIATE SHELTER & AID
DFS INDEPENDENT LIVING	FEDERAL $156,979	CHILDREN IN FOSTER CARE WHO ATTAIN AGE 16	TRANSITION FROM FOSTER CARE TO INDEPENDENT LIVING

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
DFS PARTNERSHIP TO STRENGTHEN FAMILIES	RECAPTURED STATE GF $1,016,000	* AT-RISK FAMILIES WITH CHILDREN UNDER AGE 3, NOT YET REFERRED TO DFS * REFERRED FAMILIES WITH CHILDREN NOT AT IMMINENT RISK	* PARTNERSHIP PROJECTS IN HILL & BLAINE COUNTIES, BILLINGS, ANACONDA, LIBBY, EASTERN MONTANA * PLANNING GRANTS TO OTHER COMMUNITIES
DFS CHILDREN'S TRUST FUND	DIVORCE FILING FEES, INCOME TAX ✓ OTHER FUNDS $84,000	COMMUNITY/NONPROFIT PREVENTION PROGRAMS	MINIGRANTS UNDER $10,000 BASED ON SELECTION BY CHILDREN'S TRUST FUND BOARD
SRS--INFANTS AND TODDLERS	FEDERAL	INFANTS AND TODDLERS WITH DISABILITIES, BIRTH TO AGE 2	12 LOCAL OUTREACH SITES
SRS EMERGENCY SHELTER GRANTS	FEDERAL HUD $278,000	HOMELESS AND POTENTIALLY HOMELESS	* 30% FOR RENT/UTILITIES TO PREVENT HOMELESSNESS * 10 HRDC SITES
SRS--EMERGENCY COMMUNITY HOMELESS GRANTS	FEDERAL HHS $73,361	HOMELESS AND POTENTIALLY HOMELESS	* 25% FOR RENT/UTILITIES TO PREVENT HOMELESSNESS * 10 HRDC SITES
SRS LOW-INCOME ENERGY ASSISTANCE	FEDERAL HHS $6,600,000	HELPS 22,000 LOW-INCOME FAMILIES WITH HEATING BILLS	DISTRIBUTED BY 10 HRDC SITES

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
SRS WEATHERIZATION	FEDERAL DOE, HHS $4,200,000	HELPS 1,700 LOW-INCOME HOUSEHOLDS TO BE ENERGY-EFFICIENT	DISTRIBUTED BY 10 HRDC SITES, INDIAN TRIBES
SRS MEDICAID	FEDERAL	LOW-INCOME MOTHERS AND CHILDREN	ASSURE MOTHERS AND CHILDREN ACCESS TO QUALITY HEALTH SERVICES
SRS IN-HOSPITAL PATERNITY ESTABLISHMENT	66% FEDERAL 34% FROM SUPPORT COLLECTIONS	UNWED PARENTS WHEN FATHER IS PRESENT AT BABY'S BIRTH	MOST HOSPITALS IN STATE
SRS COMMODITIES	95% USDA 5% STATE GF	* LOW-INCOME FAMILIES * LOCAL NONPROFITS * 70,000 HOUSEHOLDS	472 STATEWIDE SITES--SENIOR CENTERS, STATE INSTITUTIONS, TRIBES
SRS--EARLY AND PERIODIC SCREENING, DIAGNOSIS, & TREATMENT	FEDERAL $76,243 STATE GF $186,846	MEDICAID ELIGIBLE CHILDREN UNDER 21	* IMMUNIZATION * WELL-CHILD SCREENING, * FOLLOWUP CARE * MANY PRIMARY CARE PROVIDERS

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
SRS FAMILY CHAPTER 1 SUPPLEMENT	FEDERAL $3,402,324 STATE GF $950,235 OPI $185,703	* CHILDREN AGES 0-22, WITH DISABILITIES OR DEVELOPMENTAL DELAYS * MIGRANT CHILDREN * DELINQUENT YOUTH * NEGLECTED CHILDREN	7 REGIONAL PROVIDERS OF STATE, LOCAL, SCHOOL PROGRAMS
SRS SPECIALIZED FAMILY CARE	FEDERAL $121,037 GF $518,651	INTENSIVE NEEDS CHILDREN AT RISK OF PLACEMENT OUT OF HOME	6 REGIONAL PROVIDERS OF FAMILY SUPPORT
SRS STATE RESPITE CARE	STATE GF $381,095	PERSONS WITH CONFIRMED DEVELOPMENTAL DISABILITIES	6 REGIONAL PROVIDERS OF SERVICES TO PREVENT FAMILY BURNOUT
SRS FAMILY CHILD-CARE CHOICES	FEDERAL $200,000 STATE GF $74,400	CHILDREN AGES 0-18 WITH DISABILITIES OR DEVELOPMENTAL DELAYS	6 REGIONAL PROVIDERS OF SERVICES TO PREVENT FAMILY BURNOUT
SRS CHILD SUPPORT ENFORCEMENT	STATE ENTERPRISE FUND	* AFDC RECIPIENTS * CUSTODIAL PARENTS IN AND OUT OF STATE	COLLECT CHILD SUPPORT PAYMENTS FOR CUSTODIAL PARENT
OPI HIV/STD EDUCATION	FEDERAL $250,000	SCHOOL-AGE CHILDREN	SCHOOL DISTRICTS STATEWIDE
OPI DRUG-FREE SCHOOLS	FEDERAL $1,271,494	SCHOOL-AGE CHILDREN	SCHOOL DISTRICTS STATEWIDE

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
OPI--NUTRITION EDUCATION	USDA $62,500	SCHOOL-AGE CHILDREN	SCHOOL DISTRICTS STATEWIDE
OPI TRAFFIC EDUCATION	STATE EARMARKED $1,600,000	HIGH SCHOOL DRIVER EDUCATION PARTICIPANTS	SCHOOL DISTRICTS STATEWIDE
OPI--EDUCATION OF HOMELESS CHILDREN	FEDERAL $94,000	SCHOOL-AGE HOMELESS AND YOUTH RUNAWAYS	SCHOOL DISTRICTS 32 SHELTERS
OPI--EVEN START FAMILY LITERACY	FEDERAL $307,000	FAMILIES MOST IN NEED OF LITERACY AND LEARNING ASSISTANCE	FAMILY-CENTERED EDUCATION PROGRAMS FOR PARENTS AND CHILDREN TOGETHER, BILLINGS AND HAYS-LODGEPOLE
DHES--WOMEN, INFANTS, CHILDREN FOOD SUPPLEMENT PROGRAM	FEDERAL USDA	PREGNANT OR LACTATING WOMEN AND CHILDREN TO AGE 5 AT NUTRITIONAL OR MEDICAL RISK	35 LOCAL AGENCIES IN 56 COUNTIES AND 7 RESERVATIONS 334 GROCERY STORES
DHES--CHILD AND ADULT CARE FOOD PROGRAM	FEDERAL USDA $53,783	* PUBLIC/PRIVATE CHILD-CARE CENTERS, DAY-CARE HOMES * ADULT CARE CENTERS	20 HEAD STARTS 69 CHILD-CARE CENTERS 12 DAY-CARE SPONSORS 1 EVEN START
DHES--FAMILY PLANNING PROGRAM	FEDERAL STATE GF	ALL PERSONS--PRIORITY FOR LOW-INCOME PERSONS	14 LOCAL CLINICS AND SATELLITES

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
DHES--PERINATAL PROGRAM (MIAMI)	FEDERAL STATE GF	* PREGNANT WOMEN AT RISK OF HAVING POOR PREGNANCY OUTCOMES * INFANTS	19 LOCAL MIAMI PROJECTS IN 32 COUNTIES THROUGH COUNTY HEALTH OR HOSPITALS
DHES--CHILDREN'S SPECIAL HEALTH SERVICES (FOLLOW ME PROJECT)	FEDERAL MATERNAL & CHILD HEALTH BLOCK GRANT (MCHBG)	INFANTS AND CHILDREN AT RISK OF POOR PARENTING, DEVELOPMENTAL DELAY, AND OTHER ADVERSE FACTORS	* 12 TO 15 COUNTIES * HOME VISITS AND OTHER FAMILY SUPPORTS * REFERRALS FROM HOSPITALS, DFS, ETC.
DHES--CHILDREN'S SPECIAL HEALTH SERVICES (MEDICAL CLINICAL SERVICES)	FEDERAL MCHBG	CHRONICALLY ILL OR PHYSICALLY HANDICAPPED CHILDREN AGES 0-18	STATEWIDE SERVICES
DHES AID TO COUNTIES	FEDERAL MCHBG	* WOMEN OF CHILDBEARING AGE * INFANTS IN FIRST YEAR * CHILDREN WITH NEEDS	ALL BUT ONE COUNTY HEALTH DEPARTMENT
DHES DENTAL HEALTH	FEDERAL $79,783	SCHOOLS AND COMMUNITIES WITH FLUORIDE NEEDS	STATEWIDE
DHES IMMUNIZATION	FEDERAL $1,489,246	* ALL PERSONS IN NEED * GENERAL PUBLIC	STATEWIDE

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
DHES RAPE CRISIS	FEDERAL $64,198	* ALL PERSONS * GENERAL PUBLIC	GRANTS TO NONPROFITS IN 10 MOSTLY URBAN LOCATIONS
DHES AIDS/HIV PREVENTION	FEDERAL $454,757	* ALL PERSONS IN NEED * COUNTY PROGRAMS NOT RECEIVING FEDERAL FUNDS	CONTRACTS WITH 11 COUNTY HEALTH OR FAMILY PLANNING SITES
DHES--SEXUALLY TRANSMITTED DISEASE CONTROL	FEDERAL $139,557	* ALL PERSONS IN NEED * GENERAL PUBLIC	CONTRACTS WITH 17 COUNTY HEALTH OR FAMILY PLANNING SITES
DHES--TOBACCO CONTROL AND PREVENTION	FEDERAL $214,000	YOUTH, FEMALES OF CHILDBEARING AGE CHRONIC SMOKERS, INDIANS	* SERVICES TO TARGET GROUPS IN 7 SITES
BOARD OF CRIME CONTROL DRUG-FREE SCHOOLS	FEDERAL $466,205	* HIGH RISK YOUTH * SCHOOL-AGE CHILDREN	MATCHING GRANTS FOR: * COMMUNITY PREVENTION * SCHOOL DARE PROGRAMS * 22 PROJECTS
BOARD OF CRIME CONTROL ANTIDRUG ABUSE	FEDERAL $431,926	SCHOOL-AGE CHILDREN AND YOUTH	20 SITES FOR INTERVENTION AND PREVENTION PROGRAMS

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
BOARD OF CRIME CONTROL--MISSING AND EXPLOITED CHILDREN	FEDERAL $65,000 FUNDS END 10/94	COMMUNITY APPLICANTS WHO CAN DOCUMENT COLLABORATIVE EFFORT	4 SITES FOR PROGRAMS TO ENHANCE CAPACITY TO PREVENT OR REDUCE CHILD ABUSE, ABDUCTION, AND SEXUAL EXPLOITATION
BOARD OF CRIME CONTROL--JUVENILE DELINQUENCY AND YOUTH VIOLENCE PREVENTION	FEDERAL TITLE V $75,000	COMMUNITIES CURRENTLY INVOLVED IN DFS PARTNERSHIP PROJECT	SITES TO BE SELECTED 1/95. ACTIVITIES TO INCLUDE MENTORING, RECREATION, MENTAL HEALTH, SUBSTANCE ABUSE COUNSELING, LEADERSHIP DEVELOPMENT
DCHS--COMMUNITY YOUTH ACTIVITY GRANT	FEDERAL CSAP $360,658	ALL YOUTH	10 COMMUNITY PROGRAMS FOR YOUTH ACTIVITIES--OPEN GYM, TEEN CLUBS
DCHS APPROVED PROGRAMS	FEDERAL SAMSHA $640,000	ALL PERSONS IN NEED	* 34 APPROVED TREATMENT PROGRAMS, SERVING ALL COUNTIES * EDUCATION/PREVENTION
LABOR & INDUSTRY--JOBS FOR MONTANA GRADUATES	UI ADMIN TAX $249,672	AT-RISK HIGH SCHOOL STUDENTS	DROPOUT PREVENTION AND SKILLS FOR YOUTH ENTERING LABOR MARKET

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
LABOR & INDUSTRY--CUSTODIAL PARENTS PROGRAM	UI ADMIN TAX $350,000	CUSTODIAL PARENTS, AGES 16-25, WITH BARRIERS TO EMPLOYMENT	* PREVENT RELIANCE ON WELFARE * HAVRE, BILLINGS, KALISPELL
LABOR & INDUSTRY--JTPA TITLE II	FEDERAL JTPA $9,200,000	PERSONS WITH BARRIERS TO EMPLOYMENT	JOB TRAINING TO PREVENT RELIANCE ON WELFARE AND UNEMPLOYMENT
LABOR & INDUSTRY--DISLOCATED WORKERS	FEDERAL JTPA $3,914,000 UI ADMIN TAX $946,000	LAID-OFF WORKERS IN INDUSTRY WITH 50 PLUS EMPLOYEES	JOB TRAINING TO PREVENT RELIANCE ON WELFARE AND UNEMPLOYMENT
LABOR AND INDUSTRY--STATE OFFENDERS	UI ADMIN TAX $350,000	OFFENDERS READY FOR RETURN TO COMMUNITY	PROGRAMS TO PREVENT RELAPSE INTO CRIME
HEAD START TRIBAL HEAD START	FEDERAL	LOW-INCOME CHILDREN AGE 3 TO SCHOOL AGE	FEDERAL GRANTS TO 9 LOCAL HEAD START CENTERS AND 7 TRIBAL CENTERS
MONTANA STATE UNIVERSITY--EARLY CHILDHOOD CENTER	FEDERAL STATE PRIVATE	* STATE AGENCIES * SCHOOLS * CHILD-CARE PROVIDERS	PROMOTE QUALITY EARLY CHILDHOOD PROGRAMS

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
MONTANA STATE UNIVERSITY 4-H YOUTH PROGRAMS	FEDERAL STATE COUNTY PRIVATE	YOUTH AGES 5-21 AND ADULTS WHO WORK WITH THEM	PROVIDE PREVENTION AND EDUCATIONAL EXPERIENCES FOR YOUTH IN ALL COUNTIES
WESTERN MONTANA COLLEGE--RURAL SCHOOLS DRUG-FREE PROGRAMS	FEDERAL STATE	RURAL AND SMALL SCHOOLS AND STUDENTS	OUTREACH TO DRUG-FREE SCHOOLS PROGRAMS IN RURAL AREAS
MONTANA UNIVERSITY SYSTEM UPWARD BOUND	FEDERAL USDE	CAPABLE LOW-INCOME STUDENTS	* PREPARE STUDENTS FOR HIGHER EDUCATION * U OF M, EASTERN MT * TWO TRIBAL COLLEGES
INTERAGENCY COORDINATING COUNCIL	$50,000 FROM COMBINED SOURCES	* STATE PREVENTION COMMUNITY * GENERAL PUBLIC	PROVIDE COORDINATED STATE PREVENTION PLAN
DFS AGING DISEASE PREVENTION AND HEALTH PROMOTION	FEDERAL TITLE III-F $85,780	PERSONS AGE 60 & OVER WITH GREATEST SOCIAL AND ECONOMIC NEEDS	* PREVENTION AND HEALTH PROMOTION INFORMATION * HEALTH SCREENING * NUTRITIONAL COUNSELING * PHYSICAL FITNESS * TARGETS UNDERSERVED

AGENCY PROGRAM	FUNDING SOURCE FY 94 BUDGET	POPULATION SERVED	SERVICES AND SITES
DFS AGING SUPPORT SERVICES	FEDERAL TITLE III-B $1,544,752	PERSONS AGE 60 & OVER WITH GREATEST SOCIAL AND ECONOMIC NEEDS	* COMMUNITY CENTERS * TRANSPORTATION * CASE MANAGEMENT * IN-HOME SERVICES * FAMILY SUPPORT
DFS ELDER ABUSE PREVENTION	FEDERAL TITLE VII $23,409	* PERSONS AGE 60 & OVER WITH GREATEST SOCIAL AND ECONOMIC NEEDS * GENERAL PUBLIC	* ELDER ABUSE PREVENTION * INVESTIGATIONS * STAFF TRAINING

THE INTERAGENCY COORDINATING COUNCIL DEFINITION OF PREVENTION WAS USED FOR THE PURPOSES OF PROGRAM SELECTION:

"PREVENTION IS THE PROACTIVE PROCESS OF CREATING AND SUSTAINING CONDITIONS THAT ADDRESS RISKS AND PROMOTE THE SAFETY, PERSONAL RESPONSIBILITY, AND WELL-BEING OF PEOPLE."

SOURCES:

DRAFT INVENTORY OF STATE PREVENTION PROGRAMS, INTERAGENCY COORDINATING COUNCIL ON STATE PREVENTION PROGRAMS, MAY 1994

SORTING OUT SERVICES, A RESOURCE GUIDE FOR ALCOHOL AND OTHER DRUG PREVENTION SERVICES IN MONTANA, OFFICE OF PUBLIC INSTRUCTION AND MONTANA BOARD OF CRIME CONTROL, 1992

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AN OVERVIEW OF FEDERAL AND STATE EARLY CHILDHOOD PROGRAMS IN MONTANA, DRAFT VERSION, NOT FOR PUBLICATION, MSU EARLY CHILDHOOD PROJECT, FALL 1994

GOVERNOR'S EXECUTIVE BUDGET, APPENDIX, FISCAL YEARS 1994-1995, OFFICE OF BUDGET AND PROGRAM PLANNING

APPENDIX C

_____ BILL NO. _____

INTRODUCED BY _____

BY REQUEST OF THE JOINT OVERSIGHT COMMITTEE ON CHILDREN AND FAMILIES

A BILL FOR AN ACT ENTITLED: "AN ACT MAKING PERMANENT THE JOINT OVERSIGHT COMMITTEE ON CHILDREN AND FAMILIES; APPROPRIATING FUNDS FOR USE BY THE OVERSIGHT COMMITTEE; AND PROVIDING AN EFFECTIVE DATE."

WHEREAS, the Joint Oversight Committee on Children and Families, established by Chapter 301, Laws of 1993 (House Bill No. 19), was recommended as a permanent study committee by the Joint Interim Subcommittee on Children and Families at the conclusion of the 1991-92 interim; and

WHEREAS, the Joint Oversight Committee on Children and Families was assigned many of the issues that are also designated as appropriate, ongoing study areas within this reauthorization legislation; and

WHEREAS, the Joint Oversight Committee on Children and Families concluded its 1993-94 interim study assignments by recommending numerous policy and programmatic changes that are presented in the Committee's final report to the 54th Legislature.

THEREFORE, the Legislature of the State of Montana finds it is appropriate to make permanent a Joint Oversight Committee on Children and Families to continue monitoring the implementation of legislative recommendations and to continue further study of emerging issues related to programs for children and families in Montana.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Legislative oversight committee -- appointment -- staff assistance.** (1)(a) There is a joint oversight committee on children and families. The oversight committee is composed of eight members who are appointed as follows:

(i) four members of the house of representatives, not more than two of whom may be from one political party, appointed by the speaker; and

(ii) four members of the senate, not more than two of whom may be from one political party,

appointed by the committee on committees.

(b) The members appointed under subsection (1)(a) must include representatives from the house appropriations subcommittee on human services and aging and the senate finance and claims subcommittee on human services and aging.

(2) In case of a vacancy, a replacement must be selected in the manner of the original appointment.

(3) Members are entitled to salary and expenses as provided in 5-2-302.

(4) The oversight committee may request staff assistance from the legislative council, which assistance may be provided within limits established by the legislative council, given other priorities and responsibilities.

(5) Each state agency providing services or funding for a program or service for children and families shall provide assistance and information upon request of the oversight committee.

NEW SECTION. **Section 2. Duties of oversight committee.** The oversight committee shall:

(1) examine public and private programs, services, and planning for children and families for the purpose of identifying duplications, inefficiencies, and any unmet needs within those programs, services, and plans;

(2) review federal, state, local, and private funds available to state and local jurisdictions for programs and services for children and families and consider feasible methods of refinancing those resources to maximize overall funding for existing and new programs;

(3) monitor interagency coordination of programs and services for children and families and study ways to improve coordination and collaboration among public and private human service providers at all levels of government in Montana;

(4) study the issues surrounding teenage parents and their families, including problems related to employment, education, parenting skills, and public assistance;

(5) monitor implementation of state and national welfare reforms related to at-risk families, child care, teenage parents, and other human service concerns;

(6) continue to study issues related to adult protective services; and

(7) report the results of its study in writing to each regular session of the legislature. The oversight committee shall also provide copies of its report to the governor and appropriate state agencies.

1 NEW SECTION. **Section 3. Appropriation.** There is appropriated $10,000 from the general fund
2 to the legislative council for the biennium ending June 30, 1997, to support the activities of the joint
3 oversight committee on children and families made permanent in [section 1].
4
5 NEW SECTION. **Section 4. Effective date.** [This act] is effective July 1, 1995.
6 -END-

APPENDIX D

_____ BILL NO. _____

INTRODUCED BY _____

BY REQUEST OF THE JOINT OVERSIGHT COMMITTEE

<INTRO> "AN ACT ADDING THE COMMISSIONER OF LABOR AND INDUSTRY AS A MEMBER OF THE INTERAGENCY COORDINATING COUNCIL FOR STATE PREVENTION PROGRAMS; AMENDING SECTION 2-15-225, MCA; AND PROVIDING AN EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 2-15-225, MCA, is amended to read:

"2-15-225. Interagency coordinating council for state prevention programs. (1) There is an interagency coordinating council for state prevention programs consisting of the following ~~10~~ 11 members:

(a) the director of the department of family services provided for in 2-15-2401;

(b) the director of the department of health and environmental sciences provided for in 2-15-2101;

(c) the director of the department of corrections and human services provided for in 2-15-2301;

(d) the attorney general provided for in 2-15-501;

(e) the director of the department of social and rehabilitation services provided for in 2-15-2201;

(f) the superintendent of public instruction provided for in 2-15-701;

(g) the presiding officer of the Montana children's trust fund board;

(h) two persons appointed by the governor who have experiences related to the private or nonprofit provision of prevention programs and services; ~~and~~

(i) the administrator of the board of crime control provided for in 2-15-2006; and

(j) the commissioner of labor and industry provided for in 2-15-1701.

(2) The coordinating council shall perform the following duties:

(a) develop through interagency planning efforts a comprehensive and coordinated prevention program delivery system that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities;

(b) develop appropriate interagency prevention programs and services that address the problems of at-risk children and families and that can be provided in a flexible manner to meet the needs of those

1 children and families;

2 (c) study various financing options for prevention programs and services;

3 (d) ensure that a balanced and comprehensive range of prevention services is available to children

4 and families with specific or multiagency needs; and

5 (e) assist in development of cooperative partnerships among state agencies and community-based

6 public and private providers of prevention programs.

7 (3) The coordinating council shall cooperate with and report to any standing or interim legislative

8 committee that is assigned to study the policies and funding for prevention programs or other state

9 programs and policies related to children and families.

10 (4) The coordinating council must be compensated, reimbursed, and otherwise governed by the

11 provisions of 2-15-122.

12 (5) The coordinating council is attached for administrative purposes only to the governor's office,

13 which may assist in providing staff and budgetary, administrative, and clerical services to the council as

14 the council or its presiding officer requests.

15 (6) Staffing and other resources may be provided to the coordinating council only from state and

16 nonstate resources donated to the council and from direct appropriations by each legislature."

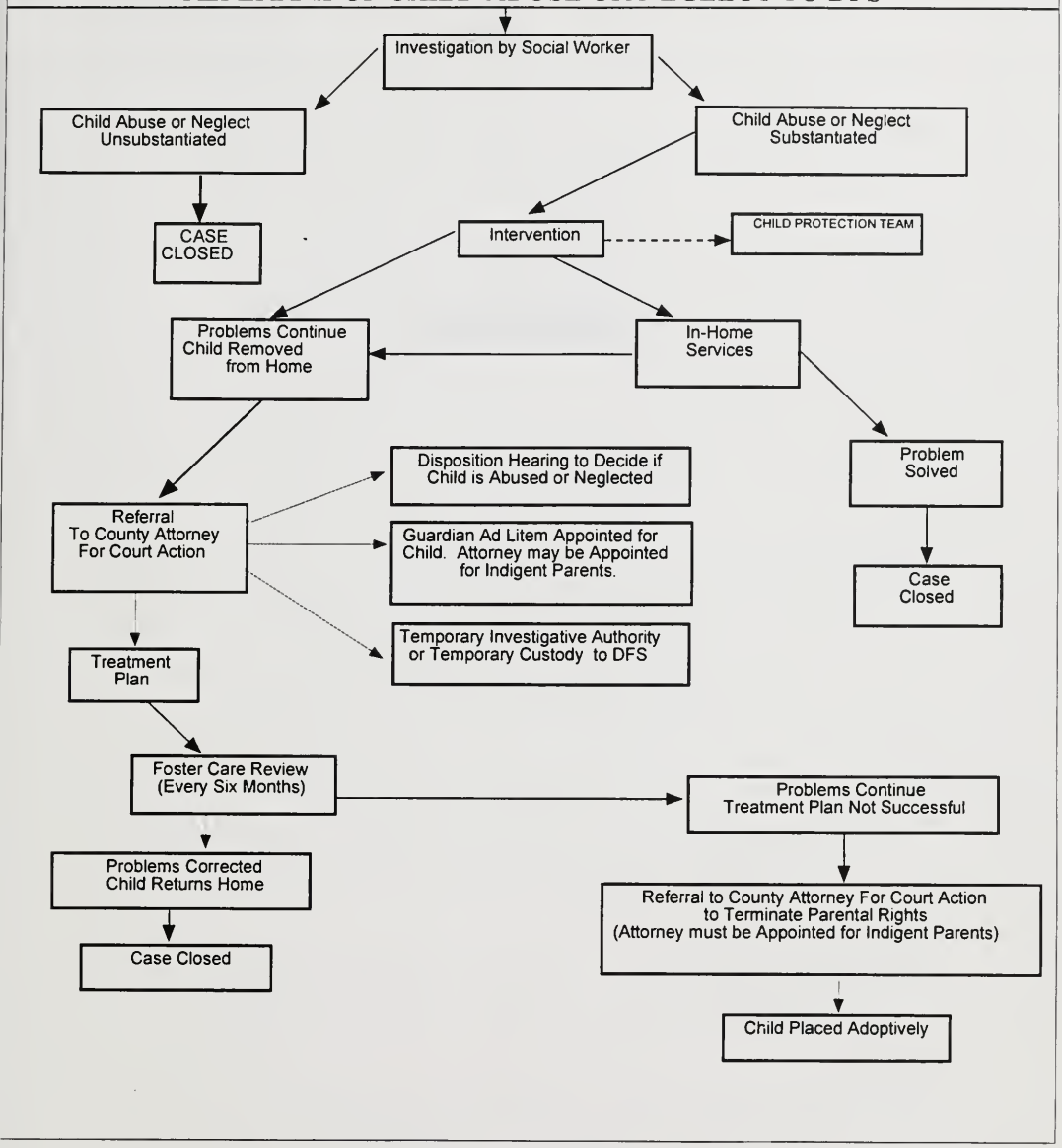
17

18 NEW SECTION. **Section 2. Effective date.** [This act] is effective July 1, 1995.

19 -END-

APPENDIX E

REFERRAL OF CHILD ABUSE OR NEGLECT TO DFS



APPENDIX F

APPENDIX F

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